

(Department Letterhead)

JUVENILE FIRESETTER FOLLOW-UP FORM

CHILDS NAME:

CALLERS NAME:

CASE NUMBER:

DATE:

DATE OF ENTRY IN SYSTEM:

1. Has your child had any fire incidents since your last meeting with Portland Fire & Rescue?
Yes (continue to #2)
No (skip to #6)
2. What type of fire incident was it?
Fireplay (lighting of matches or lighters)
Firesetting (intent to do harm or damage)
3. What form of ignition did it involve?
Matches
Lighters
Other (explain)
4. Were there any injuries?
Yes (explain)
No
5. What was done as a consequence of the fireplay or firesetting?
Parental Punishment
Fire Department Referral
Mental Health Referral
Juvenile justice
Other (explain)
6. In what way do you think your child benefited from the first visit with (Department Name)?

7. During your first visit with the Portland Fire Bureau, was your child referred to counseling?
Yes (continue to #8)
No (skip to #9)
8. Did you go to counseling?
Yes
No (why not)
9. Please rate the following factors:
- | | POOR | | | | GOOD |
|---------------------------|------|---|---|---|------|
| Methods of Education | 1 | 2 | 3 | 4 | 5 |
| Educational Effectiveness | 1 | 2 | 3 | 4 | 5 |
| OVERALL PROGRAM RATING | 1 | 2 | 3 | 4 | 5 |
10. In what ways do you think we can improve the program?
11. Do you have any other comments or criticisms of the Youth Firesetting and Juvenile Arson Intervention Program?